THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 25 1957

STANDARD CERTIFICATE OF DEATH

39739 STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 5339 Registrar's No. 57-83

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Everton (Rock Prairie Twp) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1/2 mi E. of Everton Length of stay in 1b 8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Everton 229 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1/2 mi E of Everton Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LUCILLE Middle Last SIMMONS

4. DATE OF DEATH Month Nov Day 17 Year 1957

5. SEX Female 6. COLOR OR RACE white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH July 27-1900 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Brumley 13b. MOTHER'S MAIDEN NAME Lucille unknown 14. NAME OF HUSBAND OR WIFE Leon Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Leon Simmons Address Everton - Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sepsis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atypical pneumonitis — 14 days
DUE TO (c) Acute upper respiratory disease — 20 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Boeck's Sarcoid (2 yrs.) Diabetes Mellitus (5 months) 492X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-9-57 to 11-17-57 and last saw her alive on 11-16-57
Death occurred at 4.30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas T. Matz, MD. 22b. ADDRESS Cole Grove, Mo 22c. DATE SIGNED 11-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Nov 18-1957 23c. NAME OF CEMETERY OR CREMATORY Bonnemetta Cemetery 23d. LOCATION (City, town, or county) (State) Jacksonville Arkansas

24. FUNERAL DIRECTOR ADDRESS Davis - Daniel - Cole Grove - Mo. 25. DATE RECD. BY LOCAL REG. 11-18-1957 26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address Ava Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.